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UTILITY
PATENT APPLICATION
TRANSMITTAL

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UTILITY PATENT APPLICATION	Attorne	ey Docket No.	TI-31012		ဥ		
	First N	amed Inventor or Applicatio	n Identifier	Ofir Shalvi et al.	ص ہو		
	Title	Robust Methods For	s. 811				
TRANSMITTAL	1						
(Only for new nonprovisional applications under 37 CFR 1.53(b))	ļ	<u> </u>					
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	(Only for I	ew nonprovisional applications under 37 CFR 1.53(b))				Express Mail Label No.				EL356820398US		٤	
	See MF		PPLICATION pter 600 concerning			ents	ΑL	DDR	ESS	TO:	Assistant Commissi Box Patent Applicat Washington, DC 20	ion	jc8
1.	X		ransmittal Form (e. an onginal, and a duj		essing)			6.		Microfic	che Computer Program (A	opendix)	
2.	X		red arrangement se		[Total Pages	10]]	7.			d/or Amino Acid Sequence all necessary)	Submission	
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		- Clain - Abstr	n(s) act of the Disclosu	re			1	8.		Assign	ment Papers (cover sheet	& Documents(s))	
3.	X	Drawir	ıg(s) <i>(35 USC d11</i> 3	3)	[Total Sheets	3]]	9.			R §3.73(b) Statement there is an assignee)	X Power Attorne	
4.	Oath o	r Declara	ation		[Total Pages	1]]	10.		English	n Translation Document (if	applicable)	
	a.	X	Newly Executed (d	original or copy)	UNSIGN	ED		11.			ation Disclosure nent (IDS)/PTO-1449	Copies Citation	
	b.		Copy from a prior (for continuation/d	application (37 (CFR §1.63(d)) ox 17 complete	ed)		12.		Prelimi	inary Amendment		
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<u></u>	ME DRESS		Warren L. F	ranz									
CIT					STATE	Γ					ZIP CODE		
CC	UNTRY			TE	LEPHONE	972-91	752	71			FAX	972-917-44	18
Na	me (Prir	nt/Type)		Warren L.	Franz /	1/			Reg	istration	n No. (Attorney/Agent)	28,716	
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complete Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the from DC 20231 DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO Assistant Commussioner for Patents, Box Patent Application, Burden Hour Statement: This form is estimated to take 0.2 host Chief Information Officer, Patent and Trademark Office Washin Washington, DC 20231.

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These are the fees effective October 1, 1997
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Com	mplete If Known				
Application Number	TBD				
Filing Date	05/15/01				
First Named Inventor	Ofir Shalvi et al.				
Examiner Name	TBD				
Group / Art Unit	TBD				
Attorney Docket No.	Ti-31012				

TOTAL AMOUNT OF PAYMENT

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METHOD OF PAYMENT 1. The Commissioner is borehy outbelief to the commissioner in the										CALCULATION (continued)	
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Charge any additional fee Charge all indicated fees and								cover sheet.			
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ove	rpayment			credit any o	verpayment	147	2,520	147	2,520	For filing a request for reexamination	
2. Payment Enclosed:				112	920*	112	920*	Requesting publication of SIR prior to Examiner action			
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101	760	201	395	Utility filing fee	\$710	119	300	219	155	Notice of Appeal	
106		206	165	Design filing fee	\$710	120	310	220	155	Filing a brief in support of an appeal	
107	540	207	270	Plant filing fee	\$	121	270	221	135	Request for oral hearing	
108	790	208	395	Reissue filing fee	\$	138	1,510	138	1,510	Petition to institute a pubic use proceeding	
114	150	214	75	Provisional filing	\$	140	110	240	55	Petition to revive - unavoidable	<u></u>
gg.				fee		141	1,320	241	660	Petition to revive - unintentional	
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Maria di Caracteria di Caracte			Extra Cl	aims below	Fee Paid	126	240	126	240	Submission of Information Disclosure Stmt.	
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Independent	1	-3** =	3	x \$80 =	0					properly (time number of properties)	
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Multiple Deper	ndent			\$260 =	\$0	149	790	249	395	CFR 1.129(a)) For each additional invention to be	
**or number pre	eviously paid	l, if great	er; For R	Peissue, see below		0	, 00	240	000	examined (37 CFR 1.129(b))	
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100	02	209	41	**Reissue independer original patent	nt claims over	Other	r fee (sp	ecif./		ĺ	
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				over original patent							
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SUBMITTED BY										Complete (if applical	ble)
Typed or Printed I	Name			Warren L. Franz	34					Reg Number 2	8,716
Signature				1////	// /		T	Date		Deposit Account User ID	-,,
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